

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL VETERINARY SERVICES LABORATORIES P.O. BOX 844 1800 DAYTON AVENUE AMES, IOWA 50010 (515) 663-7212 SPECIMEN SUBMISSION				INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20)			PAGE 1 OF 1
For additional help completing the form press F1							
1. NAME OF SUBMITTER Matheson, Travis C.				2. NAME OF OWNER Cooprider, John B.			
MAILING ADDRESS 693 Everson Lane Dabnerstown, CO 97777				CITY Calsville		STATE CO	
				3. LOCATION OF ANIMALS			
Phone No. 909-874-2351 FAX No 909-874-6852				COUNTY Baylor		STATE CO	
4. PAYMENT METHOD ("X" applicable item and provide information) <input type="checkbox"/> USER FEE ACCOUNT NO: <input type="checkbox"/> MC/VISA NO: <input type="checkbox"/> CHECK/MONEY ORDER ENCLOSED (Make payable to "USDA" in U.S. Dollars)						EXP DATE:	
5. HERD/FLOCK SIZE 243		8. EXAMINATIONS REQUESTED CWD			9. COLLECTED BY Matheson, Travis C.		
6. NO. IN HERD/FLOCK AFFECTED 3					10. DATE COLLECTED 08/22/2004		
7. NO. IN HERD/FLOCK DEAD 3					11. AUTHORIZED BY Johsnon, Johnny J.		
12. PURPOSE OF SUBMISSION ("X" one) (See instructions for definitions) <input checked="" type="checkbox"/> General Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Interstate Movement <input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> Developmental Research <input type="checkbox"/> Export <input type="checkbox"/> NVSL: Intralab Diagnostic <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> TB					13. COUNTY OF ORIGIN/DESTINATION U.S.		
					14. REFERRAL NUMBER 04COTCM		
15. PRESERVATION ("X") applicable item(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Formalin <input type="checkbox"/> Borax <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (specify)							
16. SPECIMEN SUBMITTED ("X" applicable item (s)) <input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Whole Bird <input type="checkbox"/> Other (specify) <input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus <input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input type="checkbox"/> Swab <input type="checkbox"/> Water					17. TOTAL NUMBER OF SPECIMENS SUBMITTED 2		
					18. SPECIES OR SOURCE ("X" one) <input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Environment <input type="checkbox"/> Chicken <input type="checkbox"/> Bison <input type="checkbox"/> Deer <input type="checkbox"/> Other (specify) <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Reagent <input type="checkbox"/> Turkey <input type="checkbox"/> Dog <input checked="" type="checkbox"/> Elk <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Pet Bird <input type="checkbox"/> Cat <input type="checkbox"/> Fish		
					19. NUMBER OF ANIMALS SAMPLED 2		
20. IDENTIFICATION (SEE INSTRUCTIONS)				IDENTIFICATION (See instructions)			
Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex
1	J47196231 Tule	6 y	M				
2	J47196289 Tule	5 y	M				
21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary) Animals found dead. Both very thin and missing patches of hair. Specimens: obex, tonsils and lymph nodes							
22. SIGNATURE OF SUBMITTER AND DATE Travis C. Matheson 08/22/2004							
NVSL USE ONLY							
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY	NVSL ACCESSION NO			

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL VETERINARY SERVICES LABORATORIES P.O. BOX 844 1800 DAYTON AVENUE AMES, IOWA 50010 (515) 663-7212 SPECIMEN SUBMISSION				INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20)			PAGE 1 OF 1
For additional help completing the form press F1							
1. NAME OF SUBMITTER Matheson, Travis C.				2. NAME OF OWNER McDonough, Ralph D.			
MAILING ADDRESS 693 Everson Lane Dabnerstown, CO 97777				CITY Townston		STATE CO	
				3. LOCATION OF ANIMALS			
Phone No. 909-874-2351 FAX No 909-874-6852				COUNTY Baylor		STATE CO	
4. PAYMENT METHOD ("X" applicable item and provide information) <input type="checkbox"/> USER FEE ACCOUNT NO: <input type="checkbox"/> MC/VISA NO: <input type="checkbox"/> CHECK/MONEY ORDER ENCLOSED (Make payable to "USDA" in U.S. Dollars)						EXP DATE:	
5. HERD/FLOCK SIZE 322		8. EXAMINATIONS REQUESTED CWD			9. COLLECTED BY Matheson, Travis C.		
6. NO. IN HERD/FLOCK AFFECTED 4					10. DATE COLLECTED 06/01/2004		
7. NO. IN HERD/FLOCK DEAD 1					11. AUTHORIZED BY Johsnon, Johnny J.		
12. PURPOSE OF SUBMISSION ("X" one) (See instructions for definitions) <input checked="" type="checkbox"/> General Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Interstate Movement <input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> Developmental Research <input type="checkbox"/> Export <input type="checkbox"/> NVSL: Intralab Diagnostic <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> TB					13. COUNTY OF ORIGIN/DESTINATION U.S.		
					14. REFERRAL NUMBER 04COTCM		
15. PRESERVATION ("X") applicable item(s) <input type="checkbox"/> None <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input checked="" type="checkbox"/> Formalin <input type="checkbox"/> Borax <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (specify)							
16. SPECIMEN SUBMITTED ("X" applicable item (s)) <input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Whole Bird <input type="checkbox"/> Other (specify) <input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus <input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input type="checkbox"/> Swab <input type="checkbox"/> Water					17. TOTAL NUMBER OF SPECIMENS SUBMITTED 5		
18. SPECIES OR SOURCE ("X" one) <input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Environment <input type="checkbox"/> Chicken <input type="checkbox"/> Bison <input checked="" type="checkbox"/> Deer <input type="checkbox"/> Other (specify) <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Reagent <input type="checkbox"/> Turkey <input type="checkbox"/> Dog <input type="checkbox"/> Elk <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Pet Bird <input type="checkbox"/> Cat <input type="checkbox"/> Fish					19. NUMBER OF ANIMALS SAMPLED 2		
20. IDENTIFICATION (SEE INSTRUCTIONS)				IDENTIFICATION (See instructions)			
Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex
1	CO56238974 WD	4 y	F				
2	CO56238974 WD	4 y	F				
3	CO56238974 WD	4 y	F				
4	CO56238906 WD	3 y	M				
5	CO56238906 WD	3 y	M				
21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary) 4 yr old female deer found dead in water source. 3 yr old male unable to stand, droopy ears and poor body condition. Three other animals observed with wide stances, listless, and poor body condition. Specimens: Brain, tonsils, lymph nodes				NVSL ACCESSION NO			
22. SIGNATURE OF SUBMITTER AND DATE Travis C. Matheson 06/01/2004							
NVSL USE ONLY							
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY				

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844 1800 DAYTON AVENUE
AMES, IOWA 50010
(515) 663-7212

SPECIMEN SUBMISSION

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20)

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For additional help completing the form, select a field and press F1

1. NAME OF SUBMITTER Roberts, Steven R				2. NAME OF OWNER Spotseil, Clay			
MAILING ADDRESS				CITY WINDSIRE		STATE WI	
				3. LOCATION OF ANIMALS			
COUNTY Xavier				STATE WI			
Phone No. 839-744-2381 FAX No. 839-744-2382							
4. PAYMENT METHOD ("X" applicable item and provide information)						EXP DATE:	
<input type="checkbox"/> USER FEE ACCOUNT NO: _____						<input type="checkbox"/> MC/VISA NO: _____	
<input type="checkbox"/> CHECK/MONEY ORDER ENCLOSED (Make payable to "USDA" in U.S. Dollars)							
5. HERD/FLOCK SIZE 396		8. EXAMINATIONS REQUESTED CWD		9. COLLECTED BY Sm. Yh, Jean			
6. NO. IN HERD/FLOCK AFFECTED 0				10. DATE COLLECTED 03/11/2003			
7. NO. IN HERD/FLOCK DEAD 0				11. AUTHORIZED BY Sanderson, Marion			
12. PURPOSE OF SUBMISSION ("X" one) (See instructions for definitions)				13. COUNTY OF ORIGIN/DESTINATION U.S.			
<input type="checkbox"/> General Diagnostic <input checked="" type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Interstate Movement				14. REFERRAL NUMBER 03 WI JS			
<input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> Developmental Research <input type="checkbox"/> Export							
<input type="checkbox"/> NVSL: Intralab Diagnostic <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> TB							
15. PRESERVATION ("X" applicable item(s))							
<input type="checkbox"/> None <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input checked="" type="checkbox"/> Formalin <input type="checkbox"/> Borax <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (specify)							
16. SPECIMEN SUBMITTED ("X" applicable item(s))				17. TOTAL NUMBER OF SPECIMENS SUBMITTED 14			
<input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Whole Bird <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus							
<input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input type="checkbox"/> Swab <input type="checkbox"/> Water							
18. SPECIES OR SOURCE ("X" one)				19. NUMBER OF ANIMALS SAMPLED 14			
<input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Environment <input type="checkbox"/> Chicken <input type="checkbox"/> Bison <input type="checkbox"/> Deer <input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Reagent <input type="checkbox"/> Turkey <input type="checkbox"/> Dog <input checked="" type="checkbox"/> Elk							
<input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Pet Bird <input type="checkbox"/> Cat <input type="checkbox"/> Fish							
20. IDENTIFICATION (SEE INSTRUCTIONS)				IDENTIFICATION (See instructions)			
Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex
1	SC14701 Tule	6y	M	6	SC19841 Tule	7y	F
2	SC14702 Tule	6y	M	7	SC19837 Tule	7y	M
3	SC14703 Tule	6y	M	8	SC19373 Tule	6y	M
4	SC16332 Tule	9y	M	9	SC19802 Tule	7y	M
5	SC16341 Tule	6y	M	10	SC19409 Tule	3y	F
21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary) Healthy Animals sent for slaughter							
22. SIGNATURE OF SUBMITTER Steven R. Roberts				DATE 3/12/2003			
NVSL USE ONLY							
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY	NVSL ACCESSION NO			

FORM APPROVED
OMB NO. 0579-0090

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
AMES, IOWA 50010
CONTINUATION SHEET FOR SPECIMEN SUBMISSION

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**For additional help completing the form,
select a field and press F1**

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13. REFERRAL NUMBER _____

Roberts, Steven R.

WINSIRE WT 98888

03WITS

21. IDENTIFICATION

IDENTIFICATION

[illegible]